

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	1/3/01
FORMALITY REVIEW	AM	917	01-16-01
RESPONSE FORMALITY REVIEW	QP		6/15/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	3/14/01
2	3/14/01
3	3/14/01
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Claim	Date
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If more than 150 claims or 10 actions  
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